

Submit to: Maine DEP
Attn: Vicky Bryant
17 State House Station
Augusta, Maine 04333

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| <p align="center">Annual Report Form for TRANSFER STATIONS and/or STORAGE SITES</p> |
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LICENSEE: _____ Report for Calendar Year: _____

CONTACT PERSON: _____ PHONE NO: _____

DEP LICENSE NUMBER: _____

1. Summary of activity during past year:

A. Enter the amount in tons of each type of waste received or generated by this facility, the frequency of removal, and the destination or transporter for each waste type.

| | Amount received by facility | Frequency of removal (times/year) | Destination and/or transporter |
|-----------------------------------|---------------------------------|--------------------------------------|--------------------------------|
| MSW | | | |
| CDD and wood waste | | | |
| White goods and scrap metal | | | |
| Waste Oil | | | |
| Special wastes by category: | | | |
| _____ | | | |
| _____ | | | |
| Tires | | | |
| Other: _____ | | | |
| | Amount generated by facility | | |
| Burn pile ash | | | |
| Compost | | | |

MSW = municipal solid waste

CDD = construction/demolition debris

Please record information on Universal Wastes in item 8 below.

2003 Annual Report for

- B. Note by state or province the type, amount, and origin of any wastes accepted at the facility from out of state:

- C. Provide a summary of factors which affected the operation, design, and/or environmental monitoring program.

2. Operations

- A. Submit copies of reports prepared in accordance with the transfer station or storage facility's Hazardous and Special Waste Handling and Exclusion Plan.
- B. Report on deviations from approved operations manual and proposed changes in operations and/or operations manual.

Past Year Deviations

Proposed Changes

3. Summary of staff training provided on operation or maintenance of the transfer station.

4. Summary of all spills, fires and/or accidents on-site.

Spills

Fires

Accidents

- 5. Provide verification of 2 feet till soil between waste, and seasonal high water and bedrock if one or more base pads for storage of non-containerized waste is used.**

6. Design

If any aspect of design was changed, please submit as-built plans and a narrative on these changes (proposed design changes for current year may be described).

2003 Annual Report for

7. Monitoring (if facility has a monitoring plan).

Evaluation of past year's monitoring results, monitoring program and equipment; recommended changes may be submitted. Attach additional sheets or provide a separate attachment if additional space is needed.

Monitoring Results

Monitoring Program

Equipment

Recommended Changes (if any)

8. Provide a summary of universal waste handling activities, including the types of universal waste accepted and the amounts from residences and businesses sent for recycling. You can refer to your waste shipment records for this information.

| <u>Type of waste</u> | <u>Amount from residences</u> | <u>Amount from businesses</u> | <u>In –state Consolidator or other Destination</u> |
|------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------------------|
| Lamps | | | |
| Mercury thermostats | | | |
| Mercury thermometers | | | |
| Batteries | | | |
| Computer monitors & TVs | | | |
| Intact PCB ballasts | | | |
| Other (specify)_____ | | | |

This facility accepts Universal Wastes from: (check all that apply)

☐ Households ☐ Businesses ☐ Municipal buildings/schools